

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750950

FILED
Mar 10, 2009
Secretary of State

Entity Name: BEACH PARKWAY VILLA 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1621 BEACH PKWY
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P. O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-2173884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAD VAN TILBURG

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYD, MICHAEL
Address: 1627 BEACH PKWY 207
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD () Delete
Name: BAKER, GAIL
Address: 5935 WARBLER DRIVE
City-St-Zip: CLARKSTON, MI 48346 US

Title: VD () Delete
Name: SCHWEITZER, BRAD
Address: 8941 CONSTABLE DRIVE
City-St-Zip: ALEXANDRIA, KY 41001 US

Title: D () Delete
Name: CUCINOTTA, THOMAS
Address: 1779 NORTH CONGRESS AVE SUITE 341
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: D () Delete
Name: BRUDER, GEORGENE
Address: 1627 BEACH PKWY #206
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BAKER, GAIL
Address: 5935 WARBLER DRIVE
City-St-Zip: CLARKSTON, MI 48346 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALBANESE, JEFF
Address: 18145 EDGAR PLACE
City-St-Zip: TINLEY PARK, IL 60487 US

Title: SD (X) Change () Addition
Name: BRUDER, GEORGENE
Address: 1627 BEACH PKWY #206
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOYD

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date